

CONGRESSIONAL OVERSIGHT ON ADMINISTRATION'S REQUEST FOR \$87 BILLION

(Ms. JACKSON-LEE of Texas asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, all of us who have had the both pleasant and unpleasant experience of seeing our wounded young at our military hospitals, pleasant because they are so brave and so encouraging, and unpleasant because we see lives that have been so severely damaged, want us to be successful in the rebuilding and the democratization of Iraq. But I think it is imperative that the oversight responsibilities of this Congress be used now more than ever before maybe in our history and, that is, to determine the utilization of the administration's request of \$87 billion.

It would be unconscionable for us to move forward on this request without understanding and persisting that the United States secures a U.N. resolution to include our allies both in burden sharing in the amount of money and troops, that we have a detailed exit strategy and we begin to work with our NATO allies, that we have full public congressional hearings for all of America to hear on the basis of the existence of the weapons of mass destruction and nuclear weapons, and finally, Mr. Speaker, that we protect and take care of our returning soldiers and veterans, as well as their families.

We hope that we can vote on this, but we must vote on it separately and not together.

MANUFACTURING MUST BE PROTECTED

(Mr. MANZULLO asked and was given permission to address the House for 1 minute.)

Mr. MANZULLO. Mr. Speaker, manufacturing is an endangered species that we must work now to protect. Some say manufacturing is no longer vital to our economy, the service industries will compensate.

I agree with Henry Kissinger when he says, "I think that a country has to have a massive industrial base in order to play a significant role in the world. And to that extent, outsourcing of jobs concerns me." What made the American economy strong was industrial innovation. America led the world in new production methods and increased efficiency. How can we be innovators if we have no industry left?

With our strong industry, we built the most impressive fighting force the world has ever seen, a military that keeps us safe and the world free, but when our satellites are made in China, bomb parts made in Switzerland, night vision crystals in France and the Pentagon now wanting to buy 30,000 flight jackets with Pakistani goat hair, as opposed to U.S. goat hair, are we defending our economy or supporting the economies of other countries?

In some sectors of defense, we have been forced to recognize foreign technology is now vastly superior to our own. We must, we must stand by U.S. manufacturing to maintain a strong defense base.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. CULBERSON). Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Record votes on postponed questions will be taken later today.

HOSPITAL MORTGAGE INSURANCE ACT OF 2003

Mr. NEY. Mr. Speaker, I move to suspend the rules and concur in the Senate amendment to the bill (H.R. 659) to amend section 242 of the National Housing Act regarding the requirements for mortgage insurance under such Act for hospitals.

The Clerk read as follows:

Senate amendment:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Hospital Mortgage Insurance Act of 2003".

SEC. 2. STANDARDS FOR DETERMINING NEED AND FEASIBILITY FOR HOSPITALS.

(a) IN GENERAL.—Paragraph (4) of section 242(d) of the National Housing Act (12 U.S.C. 1715z-7) is amended to read as follows:

"(4)(A) The Secretary shall require satisfactory evidence that the hospital will be located in a State or political subdivision of a State with reasonable minimum standards of licensure and methods of operation for hospitals and satisfactory assurance that such standards will be applied and enforced with respect to the hospital.

"(B) The Secretary shall establish the means for determining need and feasibility for the hospital, if the State does not have an official procedure for determining need for hospitals. If the State has an official procedure for determining need for hospitals, the Secretary shall require that such procedure be followed before the application for insurance is submitted, and the application shall document that need has also been established under that procedure."

(b) EFFECTIVE DATE.—

(1) IN GENERAL.—The amendment made by this subsection (a) shall take effect and apply as of the date of the enactment of this Act.

(2) EFFECT OF REGULATORY AUTHORITY.—Any authority of the Secretary of Housing and Urban Development to issue regulations to carry out the amendment made by subsection (a) may not be construed to affect the effectiveness or applicability of such amendment under paragraph (1) of this subsection.

SEC. 3. EXEMPTION FOR CRITICAL ACCESS HOSPITALS.

(a) IN GENERAL.—Section 242 of the National Housing Act (12 U.S.C. 1715z-7) is amended—

(1) in subsection (b)(1)(B), by inserting "unless the facility is a critical access hospital (as that term is defined in section 1861(mm)(1) of the Social Security Act (42 U.S.C. 1395x(mm)(1)))" after "tuberculosis"; and

(2) by adding at the end the following:

"(i) TERMINATION OF EXEMPTION FOR CRITICAL ACCESS HOSPITALS.—

"(1) IN GENERAL.—The exemption for critical access hospitals under subsection (b)(1)(B) shall have no effect after July 31, 2006.

"(2) REPORT TO CONGRESS.—Not later than 3 years after July 31, 2003, the Secretary shall submit a report to Congress detailing the effects of the exemption of critical access hospitals from the provisions of subsection (b)(1)(B) on—

"(A) the provision of mortgage insurance to hospitals under this section; and

"(B) the General Insurance Fund established under section 519."

SEC. 4. STUDY OF BARRIERS TO RECEIPT OF INSURED MORTGAGES BY FEDERALLY QUALIFIED HEALTH CENTERS.

(a) IN GENERAL.—The Secretary of Housing and Urban Development shall conduct a study on the barriers to the receipt of mortgage insurance by Federally qualified health centers (as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B))) under section 1101 of the National Housing Act (12 U.S.C. 1749aaa), or other programs under that Act.

(b) REPORT.—Not later than 6 months after the date of enactment of this Act, the Secretary of Housing and Urban Development shall submit a report regarding any appropriate legislative and regulatory changes needed to enable Federally qualified health centers to access mortgage insurance under section 1101 of the National Housing Act (12 U.S.C. 1749aaa), or other programs under that Act to—

(1) the Committee on Banking, Housing, and Urban Affairs of the Senate; and

(2) the Committee on Financial Services of the House of Representatives.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Ohio (Mr. NEY) and the gentleman from Massachusetts (Mr. FRANK) each will control 20 minutes.

The Chair recognizes the gentleman from Ohio (Mr. NEY).

Mr. NEY. Mr. Speaker, I yield myself such time as I may consume.

This morning we are considering H.R. 659, the Hospital Mortgage Insurance Act of 2003. This legislation will make substantial improvements to the FHA Hospital Mortgage Program, making it easier for hospitals to obtain mortgage insurance.

This vital program provides credit enhancement, merges public and private resources, and makes available billions of dollars in new hospital construction and improvements.

Hospitals, Mr. Speaker, face significant financial challenges when providing care to patients, we all know that, who are covered by Medicare and Medicaid. At the same time, improvements in technology and health care knowledge necessitate capital improvements such as additions and renovations to existing buildings. It is generally accepted that modern health care facilities will improve the quality of life and the health of the population.

In an effort to assist States to provide modern health care facilities, Congress enacted section 242 of the National Housing Act in 1968.

Section 242 permits FHA to insure mortgages of hospital sponsors used to finance the replacement, modernization and rehabilitation of inefficient existing facilities. Low interest rate costs attributable to FHA insured financing, as well as the development of more cost-efficient facilities, substantially reduces both provider and Federal and State reimbursement.